PART B - FEE(S) TRANSMITTA!

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includ- ed below or directed or tions.	for transmitting the IS ing the Patent, advance therwise in Block 1, by	SSUE FEE and PUBLICAT e orders and notification of y (a) specifying a new corre	ION FEE (if requirements fees value and ressert to the second of the sec	ired). Blocks I through 5 will be mailed to the current; and/or (b) indicating a sep	should be completed when the correspondence address parate "FEE ADDRESS" f	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				e: A certificate of	mailing can only be used is certificate cannot be used if paper, such as an assignment of mailing or transmission.	or domestic mailings of the	
466	7590 01/1	1/2008	hav				
YOUNG & THOMPSON 745 SOUTH 23RD STREET 2ND FLOOR				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (571) 273-2885, on the date indicated below.			
ARLINGTON, V	VA 22202	,	tran	smitted to the USP	TO (571) 273-2885, on the	date indicated below.	
•		7	Management of the Control of the Con			(Depositor's name	
		•	Company of			(Signature	
						(Date	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/576,926 06/30/2006			Laurent Morel		5001-1245	2808	
ITLE OF INVENTION:	CONTROL DEVICE	WITH A DISENGAGE.	ABLE CROWN FOR A WR	ISTWATCH			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	DEED TOWN I WELL TO SERVICE OF THE PARTY OF		
nonprovisional	NO	\$1440	\$300		122(0) 202		
				\$0	\$1740	04/11/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
MISKA, VIT W 2833			368-308000				
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
ASSIGNEE NAME AN	ID RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	e)			
PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIG	ss an assignee is identi in 37 CFR 3.11. Comp	fied below, no assigned letion of this form is NO	e data will appear on the pa OT a substitute for filing an a	tent. If an assigner ssignment.	e is identified below, the do	ocument has been filed for	
` '	NTERNATIONAL	SA	(B) RESIDENCE: (CITY Villars-sur-(and STATE OR CO Glane, Swit	DUNTRY) zerland	4	
ease check the appropria	te assignee category or	categories (will not be p	printed on the patent):	Individual ဳ Cor	poration or other private gro	up entity Government	
The following fee(s) are Issue Fee Publication Fee (No Advance Order - # o	small entity discount pe		4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).				
Change in Entity Statu			The first of the same of the s	(if necessary)	onta copy of this formy.	
a. Applicant claims S			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). ed from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in k Office.				
OTE: The Issue Fee and I erest as shown by the rec	Publication Fee (if required State	ired) will not be accepte es Patent and Trademark	ed from anyone other than the k Office.	applicant; a regist	ered attorney or agent; or the	assignee or other party in	
Authorized Signature	Benock	Castel	N.North		h 4, 2008	S. L. Princette, S. P. Charles and S. A. Charles and S. A. Charles and S. A. Charles and S. A. Charles and S. C	
Typed or printed name Benoit CASTEL #35,0			Registration No.				
is collection of informati application. Confidential pmitting the completed a s form and/or suggestion x 1450, Alexandria, Virg	on is required by 37 CF lity is governed by 35 Upplication form to the s for reducing this burd zinia 22313-1450. DO	R 1.311. The informati J.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	on is required to obtain or ret 1.14. This collection is esting to depending upon the individual conflicer, a Chief Information Officer, COMPLETED FORMS TO	ain a benefit by the nated to take 12 minual case. Any com U.S. Patent and Tr THIS ADDRESS. S	public which is to file (and nutes to complete, including ments on the amount of tim ademark Office, U.S. Depar SEND TO: Commissioner for	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450	

This collection of information is rean application. Confidentiality is gubmitting the completed applications form and/or suggestions for re Box 1450, Alexandria, Virginia 22 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.